

Name  
in  
Full

Maggie C. Brown

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Templeville</i> Town		<i>Caroline</i> County		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>1</i>	Age <i>55</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Marydel</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Nathaniel Brown</i>					
Father's Name <i>Charles Canolly</i>			Father's Birthplace <i>Marydel</i>		
Mother's Maiden Name <i>Lydine Moore</i>			Mother's Birthplace <i>Marydel</i>		
Name of person giving information <i>Samuel Canolly</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>1 yr</i>
Immediate <i>exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jas. E. Gully</i>
	Address <i>Templeville Md</i>
Accident or Suicide? <i>No</i>	

Churchy Hill

Name In Full

Certificate of Death

Infant Child

Died at Drulov Town Leandine County MARYLAND

Date 19 12 Month 10 Day 16 Age — Y. — M. — D. 1 Native of this State Occupation —

Male White Married Widow Divorced —  
 Female Colored Single Widower Number of children living —

Husband of —Wife —

Father's Name H. R. Breckinridge Mother's Maiden Name Alice Dorman

Cause of Death { Primary Exhaustion. How long sick —  
 Immediate 151 ~~Accident, Suicide, Homicide~~

Reported by P. J. Neareship M.D.Address Drulov Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Sarah A. Gibson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Denton</u> <sup>Town</sup>		<u>Leonard</u> <sup>County</sup>		MARYLAND	
Date of death <u>1902</u>	Month <u>10</u>	Day <u>6</u>	Age <u>72</u> <sup>Years</sup>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Leonard Co</u>		
<del>Married, Single</del> or Widowed			Occupation		
Name of Wife or Husband <u>—</u>					
Father's Name <u>—</u>			Father's Birthplace <u>—</u>		
Mother's Maiden Name <u>Margaret Gordon</u>			Mother's Birthplace <u>Her County</u>		
Name of person giving Information <u>Mamie Moore</u>			How related to deceased <u>Niece</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Rheumatism</u>	How long <u>6 months</u>
Immediate <u>Paralysis</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. P. Manship</u>
	Address <u>Denton</u>
<u>Accident or Suicide?</u>	<u>Maryland</u>



Name In Full

Certificate of Death

Louis F. Henck

Died at Ridgely Town Caroline County MARYLANDDate 1902 Oct 31 - Age 83 10 10 Y. M. D. Native of Maryland Occupation capitalistMale White Married Widow Divorced Widower Number of children living 2Husband of \_\_\_\_\_  
Wife \_\_\_\_\_Father's Name F. N. - Henck Mother's Name Jane E. HenckCause of Death { Primary General debility Immediate Paralysis How long sick 3 weeks  
Accident, Suicide, HomicideReported by H. N. Richards 66Address Ridgely Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

Attended by Dr. H. N. Richards  
of Ridgely Md

Seen by Coroner \_\_\_\_\_  
of \_\_\_\_\_



Name In Full

Has not been named

Certificate of Death

Died at <sup>Town</sup> *near Hillsboro* <sup>County</sup> *Caroline* MARYLANDDate 1902 <sup>Month</sup> *Oct* <sup>Day</sup> *3* <sup>Y.</sup> *4* <sup>M.</sup> *weeks* <sup>D.</sup> *7* <sup>Native of</sup> *Maryland* <sup>Occupation</sup> \_\_\_\_\_~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widow

Number of children living

Husband  
of

Wife

Father's Name *William Jackson* <sup>Mother's</sup> *Maria E. Flanner*  
Maiden NameCause of Death { <sup>Primary</sup> *71* <sup>How long sick</sup> *dying all its life*Death { <sup>Immediate</sup> *convulsions*

Accident, Suicide, Homicide

Reported by *Bascom Flanner* { *J. H. Russell*Address *Hillsboro Md* { *Undertaker*  
*Hillsboro Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name  
in  
Full

Aldred Wilson Thomas

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ridgely</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death 1902	<i>Oct.</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	Age <i>—</i> <sup>Years</sup>	<i>9</i> <sup>Months</sup>	<i>22</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ridgely</i>		
Married, Single or Widowed <i>—</i>			Occupation <i>—</i>		
Name of Wife or Husband <i>—</i>					
Father's Name <i>Arrow Thomas</i>			<i>105</i> <sup>105</sup> Father's Birthplace <i>Dorchester Md.</i>		
Mother's Maiden Name <i>Grace May Walker</i>			Mother's Birthplace <i>Queen Annes Cr. Md.</i>		
Name of person giving information <i>Arrow Thomas</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Nothing - Marasmus</i>	How long <i>3 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. C. Madara</i>
	Address <i>Ridgely Md</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Elizabeth Todd

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Howling Creek</i> <sup>Town</sup>		<i>Caroline</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>2</i>	<i>Oct.</i> <sup>Month</sup>	<i>10</i> <sup>Day</sup>	Age <i>60</i> <sup>Years</sup>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Frank L. Todd</i>					
Father's Name <i>Gooker Starnus</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Elizabeth Starnus</i>			Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Frank L. Todd</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. L. Noble</i>
	Address <i>Boston Md.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Denton

Town

Caroline

County

MARYLAND

Date

of death 190

Month

2 Oct

Day

7

Years

Age 23

Months

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Denton

Married, Single  
or Widowed

Single

Occupation

Bookkeeper

Name of Wife or  
HusbandFather's  
Name

Charles Wilson

Father's  
Birthplace

Denton

Mother's  
Maiden Name

Martha Fountain

Mother's  
Birthplace

Denton

Name of person giving  
In formation

Chas Wilson 2

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

One year

Immediate

Same

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

P. R. Fisher

Address

Denton Md

Accident or Suicide?

—

PHYSICIAN  
OR CORONER





Name In Full

Certificate of Death

Abner B. Mooters

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10 - 11

Age

76 - 2 - 2

Delaware

Wheel right

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

One

Husband

of Elizabeth A. Mooters

Wife

Father's

Name

John Mooters

Mother's

Maiden Name

Cause of

Primary

Blood blot -

left

How long sick

16 months

Death

Immediate

Paralysis

Accident, Suicide, Homicide

Reported by

Geo. H. Belmont M. D.,

Address

Grumboro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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